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11 **UNITED STATES DISTRICT COURT**
12 **CENTRAL DISTRICT OF CALIFORNIA**
13 **SOUTHERN DIVISION – SANTA ANA**

14 CITY OF COSTA MESA, and KATRINA
15 FOLEY,

16 Plaintiff,

17 vs.

18 UNITED STATES OF AMERICA, THE
19 DEPARTMENT OF HEALTH AND
20 HUMAN SERVICES, THE UNITED
21 STATES DEPARTMENT OF DEFENSE,
22 THE UNITED STATES AIR FORCE, THE
23 CENTERS FOR DISEASE CONTROL
24 AND PREVENTION, THE STATE OF
25 CALIFORNIA, FAIRVIEW
26 DEVELOPMENTAL CENTER
27 (FAIRVIEW), THE CALIFORNIA
28 GOVERNOR’S OFFICE OF
EMERGENCY SERVICES, and THE
CALIFORNIA DEPARTMENT OF
GENERAL SERVICES,

Defendants.

Case No. 8:20-cv-00368-JLS-JDE

**COUNTY OF ORANGE’S AMICUS
CURIAE BRIEF IN SUPPORT OF CITY
OF COSTA MESA’S REQUEST FOR A
CONTINUED TEMPORARY
RESTRAINING ORDER**

**Judge: The Honorable Josephine L.
Staton**

DATE: MARCH 2, 2020
TIME: 2:00 P.M.
COURTROOM: 10A

**TO THE HONORABLE JOSEPHINE L. STATON, ALL PARTIES HEREIN
AND THEIR RESPECTIVE ATTORNEYS OF RECORD:**

The County of Orange respectfully submits the following amicus curiae brief in

support of the City of Costa Mesa’s Motion for a Temporary Restraining Order (“TRO”).

1. INTRODUCTION

The Board of Supervisors of the County of Orange (“County”) takes the health and safety of its citizens very seriously. The Board takes great care in appointing a Public Health Officer and trusts that she and other Health Care Agency (“HCA”) personnel will be adequately prepared to address infectious disease outbreaks threatening County residents. After all, in a public health care crisis, the County’s public health personnel are the first responders and first line of defense. However, with the limited information coming from the State and Federal government, the efforts of the County Public Health officials to protect the health and safety of County residents have been materially impaired.

Only through an exchange of information can County health officials adequately prepare for the coronavirus (“COVID-19”) pandemic that is now threatening our nation and the residents of Orange County. The County appreciates the District Court’s thoughtful order requiring the parties meet and confer over the proposed utilization of the Fairview Developmental Center (“FDC”). However, during the meet and confer process, representatives of the involved Federal agencies revealed that they currently have no Operational Plan or Security Plan for the FDC—and that there would be no sharing of any such plans unless and until this litigation ends. An Operational Plan is what would normally be provided by the Federal government and would be the roadmap that provides the detailed information, including procedures and protocols, and the assignment of respective roles and responsibilities, that the County’s health care officials, as well as local law enforcement, fire departments, and hospitals would need in order to properly manage this public health crisis.¹

As stated in the previously filed declaration of HCA’s Director, Richard Sanchez, “[i]n past public health situations, the California Department of Public Health has been

¹ Federal government officials also admit that they have not yet made contact with any local Orange County hospitals, even though such facilities would be utilized if COVID-19 patients transferred to the FDC subsequently become symptomatic and require hospitalization.

1 much more communicative, collaborative, and timely in providing guidance and
 2 information to the Orange County Health Care Agency.” Doc 24, Sanchez Decl., ¶11. The
 3 State and Federal government’s seemingly abrupt decision to move COVID-19 positive
 4 patients to the FDC was thrust upon County public health officials with very little advance
 5 notice, guidance or information to ensure the safety of the residents of the County. The
 6 magnitude of this public health risk cannot be understated, particularly when the COVID-19
 7 virus is known to be highly contagious and the FDC, which is in the middle of a densely-
 8 populated, urban County, was never intended to house infected persons. Moreover, the
 9 utilization of the FDC to house asymptomatic COVID-19 patients would appear to be
 10 inconsistent with the Center of Disease Control’s (“CDC”) own guidance calling for home
 11 isolation.

12 Hence, the County encourages the Court **to keep the existing Temporary**
 13 **Restraining Order in place** until (1) Operational and Security Plans are provided and all
 14 impacted stakeholders, including local public health officials, have the opportunity to
 15 review, provide vital input and prepare for the demands which will be placed upon the
 16 County’s health care system and public health professionals; and, (2) that all parties agree to
 17 adhere to clearly-defined CDC protocols.

18 **2. THE COUNTY’S VITAL INTEREST IN PROTECTING ITS HEALTH AND**
 19 **WELL-BEING OF ITS CITIZENS AND ECONOMY**

20 Orange County has a population of 3.2 million, making it the *third* most populous
 21 county in California, and the *sixth* most populous in the United States. In fact, Orange
 22 County has more residents than 21 States.² It is the second most densely populated county
 23 in California, behind San Francisco County. Orange County consists of 8% of the total of
 24 the California population but possesses only 0.5% of its land area. Orange County
 25 possesses more density in population than Los Angeles County by almost double (4,033 vs.
 26 2,527 persons per square mile).

27
 28 ² With a population of 3.2 million, Orange County has almost as many residents as
 the entire state of Utah (3.205 million).

1 Orange County is a *premiere* tourist destination, with attractions like Disneyland,
2 Knott's Berry Farm, and several popular beaches given it possesses more than 40 miles (64
3 km) of coastline. Orange County is not only populated by its residents but also its
4 workforce and tourist visitors. The plan to use FDC to house COVID-19 positive patients
5 in a highly densely populated County with a vibrant tourist industry would be devastating.
6 It could severely damage the County's tourism industry and local economy, and most
7 importantly local health and welfare.

8 Governed by its Board of Supervisors, the County government is responsible for
9 ensuring that County residents are safe and protected from infectious disease in the
10 community. The County also has an interest in protecting and promoting its vibrant and
11 flourishing tourism industry. To that end, on Wednesday, February 26, 2020, the County
12 declared both a local emergency and a local health emergency to prepare for COVID-19.
13 (Copies of the Proclamation of a Local Emergency and the Declaration of Local Health
14 Emergency are attached hereto as Exhibits A and B, respectively). The declaration of both
15 a local emergency and local health emergency assists the County of Orange to better
16 leverage resources in order to prepare to for staffing needs and greater agency coordination
17 all while allowing for future reimbursement for County activities by state and federal
18 governments for COVID-19 related County expenses.

19 Orange County Ordinance Sec. 3-1-6(b) provides that, in the event of a proclamation
20 of local emergency, the Director of Emergency Services empowered to, *inter alia*: (1) make
21 and issue rules and regulations on matters reasonably related to the protection of life and
22 property; (2) obtain vital supplies and equipment found lacking and needed for the
23 protection of life and property; (3) require emergency services of any County officer or
24 employee.

25 A County Health Officer has great duties and responsibilities in the event of an
26 infectious disease threat or outbreak. California Health and Safety Code section 101040
27 provides that the local County Health Officer may take any preventive measure necessary to
28 protect and preserve the public health from any public health hazard during any state or

1 local emergency. In addition, California Health and Safety Code section 120175 provides
2 that the local Health Officer knowing or having reason to believe that any infectious disease
3 exists within the territory under his or her jurisdiction, “shall take measures as may be
4 necessary to prevent the spread of the disease or occurrence of additional cases.”

5 Health and Safety Code Section 120175.5 provides that during an outbreak or threat
6 of outbreak that threatens the public’s health, a local health officer shall, *inter alia*: (1)
7 Promptly notify and update governmental entities within the local health officer’s
8 jurisdiction about communicable diseases; (2) Make any relevant information available to
9 governmental entities, including, but not limited to, the locations of concentrations of cases,
10 the number of residents affected, and the measures that the governmental entities should
11 take to assist with outbreak response efforts. In addition, the local health officer may issue
12 orders to other governmental entities within the local health officer’s jurisdiction to take any
13 action the local health officer deems necessary to control the spread of the communicable
14 disease. Finally, Health and Safety Code section 120200 provides that “Each health officer,
15 whenever required by the department, shall establish and maintain places of quarantine or
16 isolation.”

17 **3. THE TRO SHOULD REMAIN IN EFFECT**

18 **a. Both the County and the City of Costa Mesa Still Lack Crucial** 19 **Information Necessary to Adequately Protect the Public, Including an** 20 **Operational and Security Plan for the FDC**

21 As indicated in the previously filed declaration of Richard Sanchez, Orange County
22 HCA staff were requested by California Department of Public Health staff to assess
23 infection control risk at FDC. Doc. 24, Sanchez Decl., ¶ 6. This raises serious questions as
24 to the veracity of the state and federal assessment of the suitability of FDC for housing
25 COVID-19 positive patients, and in turn, the safety of the County’s residents. Information
26 flow from the California Department of Public Health to the Orange County Health Care
27 Agency has been consistently poor to the point that relevant information regarding COVID-
28 19 has been willfully withheld and only discovered through media stories or direct calls

1 from members of the media. *Id.* at ¶ 9. The meet and confer process ordered by this Court
2 did not adequately address or alleviate the County’s serious concerns. The County is still in
3 need for much improved communication.

4 This is highlighted by the fact, during the Court ordered meet and confer meeting that
5 took place on the afternoon of February 27, 2020, with officials and attorneys from the
6 County, the City of Costa Mesa, the State and Federal government, the Federal government
7 admitted it had no Operational Plan or Security Plan for housing COVID-19 positive
8 persons at FDC. When Vice Chair of the County’s Board of Supervisors, Andrew Do,
9 specifically asked when the Operational Plan could be expected, a representative from the
10 Federal government replied that an Operational Plan would be provided after the conclusion
11 of this litigation, if the Federal government ultimately decides to move forward with the
12 FDC housing of COVID-19 positive persons.³ The U.S. Attorney representative stated that
13 when the TRO was filed, the litigation created obstacles as information is allegedly
14 “weaponized.” This recalcitrance is directly contrary to the intent of this Court’s Order for
15 information exchange. In addition, during the meet and confer process, Federal government
16 representatives repeatedly referred to “applicable standards” without ever citing any source
17 in response to crucial questions about courses of treatment, illustrating their disregard for
18 both the local public health interest and the Court’s demand for more information.

19 Prior to and during the meet and confer meeting, the County’s Health Officer, Dr.
20 Nichole Quick, presented a number of questions in her previously-filed declaration, the
21 answers to which she deemed important in order to adequately prepare for COVID-19 in the
22 County and for the health and safety of Orange County residents. During the meet and
23 confer, Dr. Quick specifically noted that most of her questions would normally be
24 encompassed in an Operational Plan. Such a plan provides details so the County, as a local
25 jurisdiction, can be prepared for what will be required of them.

26 In addition, there is a necessity to follow previously established communications flow
27

28 ³ When asked what additional approvals were required before moving forward with
FDC, the U.S. Attorney represented that a written response would be provided.

1 protocols such as the activation of a “Joint Information System” to ensure impacted
 2 jurisdictions are a part of any operational planning and information dissemination. HCA
 3 has been receiving multiple calls each day from local health care facilities regarding
 4 possible suspect cases of COVID-19. Timely COVID-19 guidance from the State and/or
 5 Federal government is required so that accurate information can be relayed to schools,
 6 colleges, and universities, and workplaces. *Id.* at ¶ 4. This has not been occurring.

7 **b. CDC Protocols Must Be Clearly Defined and Followed by All Local, State**
 8 **and Federal Health Officials**

9 The published CDC Guidelines directly conflict with the proposed plan to isolate and
 10 concentrate COVID-19 infected persons at the FDC. The CDC guidelines provide for home
 11 isolation for persons testing positive for COVID-19 patients, but who do not require
 12 hospitalization. In fact, the guidelines expressly provide that if someone is positive for
 13 COVID-19, but does not require hospitalization, home isolation is recommended. The
 14 suitability assessment for residential placement requires there to be a separate bedroom,
 15 bathroom, caregivers, access to food and other necessities. The County believes that this is
 16 the protocol being used throughout the nation—for many COVID-19 positive patients who
 17 do not require hospitalization. These guidelines, are collectively attached as Exhibit C and
 18 can be found at:

- 19 (1) [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-home-care.html)
 20 [care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoron-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-home-care.html)
 21 [avirus%2F2019-ncov%2Fguidance-home-care.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-home-care.html) ; and
 22 (2) [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)
 23 [spread.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

24 However, during the meet and confer, the CDC guidance regarding home isolation
 25 was mentioned and the question was asked by Dr. Quick, the County’s Health Officer, as to
 26 why the California COVID-19 positive persons are being treated differently (meaning, not
 27 being placed in home isolation) than other COVID-19 positive persons elsewhere in the
 28 country. **There was no answer given.** It was also pointed out that the COVID-19 persons

1 to be placed at FDC would not be isolated from *each other*. This is particularly alarming
 2 since the congregate isolation situation did not fare well for the crew on the Diamond
 3 Princess cruise ship and clustering asymptomatic COVID-19 patients together raises the
 4 specter of repeated re-infections of patients no longer testing positive.

5 **c. According to the Federal Government, the FDC Is Currently the Only**
 6 **Non-Military/Non-Hospital Location Designated in the Entire Country to**
 7 **Potentially House COVID-19 Positive Patients**

8 As we learned during the meet and confer process, there is only one non-military
 9 location in the entire country which is being utilized for congregate isolation of COVID-19
 10 positive persons not requiring hospitalization. That location is at Texas Center for
 11 Infectious Disease in San Antonio, Texas. Therefore, if FDC is designated as planned, it
 12 will be the only non-medical/non-military facility in the entire country to house COVID-19
 13 positive patients.

14 Federal officials also confirmed that presently there are five military bases being used
 15 to quarantine COVID-19 patients. They repeatedly indicated that these five sites were
 16 erected *within days*. This shows the Federal government's cavalier attitude and lack of
 17 appreciation for the significant difference between quarantining people in isolated locations
 18 using government personnel and placing quarantined patients in the middle of one of the
 19 most-densely populated locations in the country while using civilian personnel.

20 During the meet and confer process, local officials were also informed that the State
 21 of California has thousands of properties in its inventory. And if the federal government
 22 truly plans on only ever sending "8 or 9" asymptomatic COVID-19 patients to the FDC, the
 23 balance of equities strongly favors following CDC protocols and allowing these persons to
 24 instead isolate at home.

25 **d. The Fact That the Federal Officials Left Wide Open the Possibility FDC**
 26 **May Be Used To House COVID-19 Patients From Other States Should**
 27 **Weigh Heavily In This Court's Decision.**

28 During the meet and confer, the Federal representatives indicated that currently there

are 8 or 9 persons from the Diamond Princess cruise ship that they are contemplating moving to the FDC but would not commit to capping the number. This leaves open the possibility of housing COVID-19 infected persons from other states at FDC. This heightened use, in particular, demands a more formal and defined approach, which an Operational Plan and Safety Plan would ensure.

4. CONCLUSION

The District Court has recognized that local authorities do not enjoy a veto over national health care policy. At the same time, the County of Orange should not be subjected to Defendants' arbitrary and capricious – and seemingly entirely irrational – selection of the FDC, a facility that is wholly unsuited for the concentration of COVID-19 patients. Even after hours of discussion, we simply do not understand the rationale of the State and Federal government in selecting this facility. We believe that Defendants can do much better than this.

The lack of transparency, candor and open communication between the State and Federal government with the County and its local counterparts is alarming in light of the significant threat to public health and safety posed by the COVID-19 virus. Until an Operational Plan and Security Plan for the FDC is developed, and until Defendants agree to abide by CDC-guidance recommending home isolation of asymptomatic COVID-19 patients, the County respectfully requests that the TRO remain in place.

DATED: February 28, 2020

Respectfully submitted,

LEON J. PAGE, COUNTY COUNSEL
 MARIANNE VAN RIPER, SENIOR ASSISTANT
 LAURA D. KNAPP, SUPERVISING DEPUTY

By: _____/s/

LEON J. PAGE, COUNTY COUNSEL

Attorneys for Amicus Curiae, COUNTY OF
 ORANGE

COUNTY OF ORANGE
STATE OF CALIFORNIA
PROCLAMATION OF A LOCAL EMERGENCY

REQUEST FOR GOVERNOR TO DECLARE A STATE OF EMERGENCY

WHEREAS, in accordance with Government Code Section 8630, a local emergency may be proclaimed by the Board of Supervisors of the County of Orange or by an official so designated by ordinance adopted by the Board of Supervisors; and

WHEREAS, Section 3-1-6(a) of the Codified Ordinances of the County of Orange provides that the Director of Emergency Services shall request the Board of Supervisors to proclaim a local emergency when the Board of Supervisors is in session and the Chair of the Emergency Management Council to so proclaim when the Board of Supervisors is not in session; and

WHEREAS, the Board of Supervisors is not currently in session, and the Director of Emergency Services has requested that the Chair of the Emergency Management Council proclaim a local emergency; and

WHEREAS, a novel coronavirus, COVID-19, which causes infectious disease resulting in symptoms of fever, coughing and shortness of breath with outcomes ranging from mild to severe illness and in some cases death, has arisen in China and spread to numerous other countries including the United States; and

WHEREAS, the Centers for Disease Control and Prevention has determined the virus to be a very serious public health threat, yet the method and efficacy of transmission of the virus is not yet fully understood and no vaccine currently exists; and

WHEREAS, Orange County has a population of over 3 million residents, is a major tourist destination, has a high volume airport within its jurisdiction and is a significant

destination for business travel all resulting in high volumes of foreign and domestic travelers traveling into and out of the County, which has the potential to result in significant spreading of the disease; and

WHEREAS, the Health Officer of the County of Orange has determined that the County is preparing for an imminent and proximate threat to public health from the virus; and

WHEREAS, communities within the geographic boundaries of Orange County have and will continue to prepare and, as necessary, take significant response actions to any developing contagion and to any other risks that may arise from introduction and possible spread of the virus;

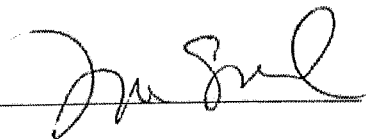
WHEREAS, the above described events are creating a condition of extreme peril to the safety of persons and property within the territorial limits of the County of Orange which conditions are or are likely to be beyond the control of the services, personnel, equipment and facilities of the County of Orange, and require the combined forces of other political subdivisions to combat;

IT IS HEREBY PROCLAIMED that a local emergency exists within the geographic area of Orange County;

IT IS FURTHER PROCLAIMED AND ORDERED that as of this date all County departments and agencies take those actions, measures and steps deemed necessary to assure the safety and welfare of Orange County residents and property, including requesting mutual aid to the extent such aid is necessary and utilizing EOC Cal Cards and any other available funding stream to acquire resources determined by the DES or an authorized emergency purchaser as necessary to respond to this declared emergency.

ACCORDINGLY, THE CHAIR OF THE BOARD OF SUPERVISORS ACTING AS THE CHAIR OF THE EMERGENCY MANAGEMENT COUNCIL HEREBY REQUESTS that the Governor declare a State of Emergency and make all relevant funds available to the County of Orange and all eligible community members and businesses, including but not limited to, California Disaster Assistance Act funds and State Private Nonprofit Organizations Assistance Program funds, and that the Governor request that the President of the United States make a Presidential Declaration of Emergency in and for the County of Orange and make all relevant funds available to the County of Orange and all eligible community members and businesses, including, but not limited to, aid provided by the Small Business Administration.

Date: 2/26/20

Signed: 

Michelle Steel,
Chairwoman of the Board of Supervisors Acting as
the Chair of the Emergency Management Council
County of Orange

DECLARATION OF A LOCAL HEALTH EMERGENCY

WHEREAS, Health and Safety Code section 101080 authorizes a local health officer to declare a local health emergency in the health officer's jurisdiction, or any part thereof, whenever the health officer reasonably determines that there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, non-communicable biologic agent, toxin, or radioactive agent;

WHEREAS, the Centers for Disease Control and Prevention announced on February 25, 2020 that community spread of COVID-19 is likely to occur in the United States;

WHEREAS, based on the Centers for Disease Control and Prevention statements, there is an ongoing risk and likelihood of COVID-19 positive patients being identified in Orange County;

WHEREAS, based on the foregoing, there is an imminent and proximate threat of the introduction of COVID-19 in the County of Orange and a threat to the public health of the County residents;

THEREFORE, the County Health Officer hereby declares a health emergency.



Nichole Quick, MD, MPH
Health Officer

2/26/2020

Date



Coronavirus Disease 2019 (COVID-19)



On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the current outbreak of coronavirus disease, COVID-19. CDC will be updating our website and other CDC materials to reflect the updated name.

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)

Updated February 12, 2020

Printer friendly version ■ [PDF]

This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation¹ of people with confirmed or suspected 2019-nCoV infection, including persons under investigation (see Criteria to Guide Evaluation of Persons Under Investigation (PUI) for 2019-nCoV). This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed 2019-nCoV infection.

In general, people should adhere to appropriate transmission-based isolation precautions until the risk of secondary transmission is thought to be low. Current information on 2019-nCoV is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.

This document does not apply to patients in healthcare settings. For interim healthcare infection prevention and control recommendations, see Interim Infection Prevention and Control Recommendations for Patients with Known or Persons Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting. CDC will update this interim guidance as needed and as more information becomes available.



Preventing 2019-nCoV from Spreading in Homes and Communities: Interim guidance that may help prevent 2019-nCoV from spreading among people in homes and in communities.

Assess the Suitability of the Residential Setting for Home Care

In consultation with state or local health department staff, a healthcare professional should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from 2019-nCoV infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

Provide Guidance for Precautions to Implement during Home Care

A healthcare professional should

- Provide CDC's Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities to the patient, caregiver, and household members; and
- Contact their state or local health department to discuss criteria for discontinuing any such measures.

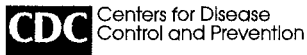
Footnotes

¹Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Additional Resources

- Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus
- Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities
- Interim Guidance for Healthcare Professionals

Page last reviewed: February 12, 2020



Coronavirus Disease 2019 (COVID-19)

Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities

Update: February 14, 2020

(This guidance provides clarification regarding evaluation for home isolation and a new section with information regarding preventative steps for household members, intimate partners, and caregivers in a nonhealthcare setting of a person with symptomatic, laboratory-confirmed COVID-19.)

This interim guidance is based on what is currently known about the epidemiology of COVID-19 and the transmission of other viral respiratory diseases. CDC will update this interim guidance as needed and as additional information becomes available.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can infect people exposed to infected animals, and then spread among people, as has been seen with MERS-CoV and SARS-CoV, and likely now with SARS-CoV-2, the virus that causes COVID-19. This interim guidance may help prevent this virus from spreading among people in their homes and in other residential communities.

This interim guidance is intended for:

- People with confirmed or suspected COVID-19, including persons under investigation, who do not need to be hospitalized and who can receive care at home (see Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19));
- People with confirmed COVID-19, who were hospitalized and then determined to be medically stable to go home (see Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19));
- Household members, intimate partners, and caregivers in a nonhealthcare setting of a person with symptomatic, laboratory-confirmed COVID-19.

Prevention steps for

People with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized

and

People with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home

Your healthcare provider and public health staff will evaluate whether you can be cared for at home. If it is determined that you do not need to be hospitalized and can be isolated at home, you will be monitored by staff from your local or state health department. You should follow the prevention steps below until a healthcare provider or local or state health department says you can return to your normal activities.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean all "high-touch" surfaces everyday

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed. Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

Recommended precautions for household members, intimate partners, and caregivers in a nonhealthcare setting¹ of

A patient with symptomatic laboratory-confirmed COVID-19

or

A patient under investigation

Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact² with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath) (see Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings.)

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider's instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient's symptoms. If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider's office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick. For more information, see COVID-19 and Animals.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- You and the patient should wear a facemask if you are in the same room.
- Wear a disposable facemask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
 - Throw out disposable facemasks and gloves after using them. Do not reuse.
 - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below "Wash

towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below “wash laundry thoroughly”).

- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
 - Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash laundry thoroughly.
 - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
 - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
 - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider.

Footnotes

¹Home healthcare personnel should refer to Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting.

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Page last reviewed: February 18, 2020

CERTIFICATE OF SERVICE

I declare that I am a citizen of the United States employed in the County of Orange, over 18 years old and that my business address is 333 W. Santa Ana Blvd., Suite 407, Santa Ana, California 92701, and my email address is vanessa.leiva@coco.ocgov.com. I am not a party to the within action.

I certify that I caused the foregoing **COUNTY OF ORANGE'S AMICUS CURIAE BRIEF IN SUPPORT OF CITY OF COSTA MESA'S REQUEST FOR A CONTINUED TEMPORARY RESTRAINING ORDER** to be served on February 28, 2020, upon all counsel of record listed below by electronic filing utilizing the U.S.D.C.'s CM/ECF:

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I declare that I am employed in the office of a member of the Bar of this Court at whose direction the service was made. Executed in Santa Ana, California this 28th day of February, 2020.

/s/

Vanessa Leiva

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

CERTIFICATE OF SERVICE